

# SERVICE REQUEST

(In lieu of form 902)

**DATE:**

**To: Dept. of General Services**  
**1515 Clay Street, Suite 113**  
**Oakland, Ca. 94612**  
**Phone: 622-2564 Fax: 622-2571**

FOR DGS USE:	
WORK ORDER #	ISSUED:

## Agency Requesting Service:

**Department:**

**Division:**

**Location: Floor #**

**Door #:**

**Cubicle:**

## BILLING CODE:

The following people are authorized to request services for this Division:

**REQUESTOR (S)** Please provide contact information for notification of work states

NAME:	PHONE:	E-MAIL:
SIGNATURE:	TITLE:	
NAME:	PHONE:	E-MAIL:
SIGNATURE:	TITLE:	

Who should be contacted regarding this work?

## JOB CONTACT (S)

NAME:	PHONE:	E-MAIL:
	FAX:	
NAME:	PHONE:	E-MAIL:

## SERVICE (S) REQUESTED

<b>Problem or Service Need:</b>	<b>Specific Location(s)</b>
<b>DGS COMMENTS:</b>	